

CLAIM FOR 10-POINT VETERAN PREFERENCE

IMPORTANT: See instructions on Page 2 before completing

OMB Approval No. 50-R0028

PART I. - TO BE COMPLETED BY ALL PERSONS CLAIMING 10-POINT VETERAN PREFERENCE.

1. NAME (Last) (First) (Middle) (Maiden, if any) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.	2. BIRTH DATE (Month, day, year)	3. SOCIAL SECURITY ACCOUNT NUMBER
4. PERSON MAKING CLAIM IS (Check which) <input type="checkbox"/> THE VETERAN <input type="checkbox"/> WIFE OR HUSBAND OF DISABLED VETERAN <input type="checkbox"/> WIDOW OR WIDOWER OF VETERAN <input type="checkbox"/> MOTHER OF DECEASED OR DISABLED VETERAN		
5. CLAIMANT'S MAILING ADDRESS (No., street, city, State, ZIP Code)	6. NAME OF EXAMINATION OR POSITION FOR WHICH THIS FORM IS SUBMITTED	7. DATE TEST HELD OR APPLICATION FILED
	8. ANNOUNCEMENT NUMBER	9. RATING, IF KNOWN

NOTE: If person making claim is the veteran, DO NOT complete items 10, 11, and 12.

10. NAME OF VETERAN ON WHOSE SERVICE PREFERENCE IS CLAIMED (exactly as it appears on discharge form)	11. VETERAN'S BIRTH DATE (Month, day, year)	12. IS VETERAN DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "Yes," give date of death.	
13. GIVE CLAIM NUMBER IF VETERAN HAS AN EXISTING DISABILITY RECOGNIZED BY VETERANS ADMINISTRATION AS SERVICE CONNECTED, OR IF VETERAN IS RECEIVING COMPENSATION, PENSION, OR DISABILITY RETIREMENT BENEFITS FROM THE VETERANS ADMINISTRATION		CLAIM NUMBER	
14. IS VETERAN RECEIVING DISABILITY RETIREMENT BENEFITS FROM A BRANCH OF THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	15. HAS VETERAN BEEN AWARDED THE PURPLE HEART FOR WOUNDS OR INJURIES RECEIVED IN ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
16. SERIAL OR SERVICE NUMBER (If none, give grade or rating)	17. DATE(S) OF ENTRY(IES) INTO ARMED FORCES	18. DATE(S) OF SEPARATION(S) FROM ARMED FORCES	19. WAS THE SEPARATION HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

PART II. - TO BE COMPLETED BY WIFE, HUSBAND, WIDOW, OR WIDOWER OF VETERAN IF CLAIMING 10-POINT PREFERENCE.

1. DATE YOU MARRIED VETERAN	2. ARE YOU (or were you before death of Veteran) DIVORCED FROM THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DIVORCE	4. IF WIDOWED OR DIVORCED, YOU REMARIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PART III. - TO BE COMPLETED BY MOTHER OF DECEASED OR DISABLED VETERAN IF SHE IS CLAIMING 10-POINT PREFERENCE.

1. IS THE VETERAN YOUR NATURAL CHILD? (Preference cannot be granted on the service of a stepchild, foster child, or adopted child.) <input type="checkbox"/> YES <input type="checkbox"/> NO	2. IS THE NATURAL FATHER OF THE VETERAN (Check one block): <input type="checkbox"/> LIVING WITH YOU? <input type="checkbox"/> DECEASED? <input type="checkbox"/> DIVORCED FROM YOU? <input type="checkbox"/> SEPARATED FROM YOU?		
3. IF NATURAL FATHER OF VETERAN IS DECEASED OR DIVORCED FROM YOU, HAVE YOU REMARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. ARE YOU WIDOWED, DIVORCED, OR LEGALLY SEPARATED FROM THE HUSBAND OF YOUR REMARriage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. IS HUSBAND WITH WHOM YOU ARE NOW LIVING TOTALLY AND PERMANENTLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PART IV. - TO BE COMPLETED BY WIFE, HUSBAND, OR MOTHER OF A DISABLED VETERAN IF CLAIMING 10-POINT PREFERENCE.

1. IS VETERAN NOW EMPLOYED? (Check one) <input type="checkbox"/> FULL- TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NO	2. IF VETERAN IS NOW EMPLOYED PART-TIME, CHECK BOX WHICH BEST INDICATES EXTENT OF PART-TIME EMPLOYMENT <input type="checkbox"/> REGULAR (1/2 time or more) <input type="checkbox"/> REGULAR (less than 1/2 time) <input type="checkbox"/> OCCASIONAL		
3. NATURE OF VETERAN'S EMPLOYMENT, IF ANY, BEFORE MILITARY SERVICE (For example, porter, bond salesman, radio mechanic)	4. NATURE OF VETERAN'S PRESENT OR MOST RECENT EMPLOYMENT AFTER MILITARY SERVICE (For example, porter, bond salesman, radio mechanic)		
5. IF VETERAN HAS APPLIED FOR A FEDERAL CIVIL SERVICE EXAMINATION IN PAST 3 YEARS, GIVE: TITLE OF EXAMINATION:		DATE TEST HELD OR APPLICATION FILED:	RATING, IF KNOWN
6. IF VETERAN HAS BEEN EMPLOYED IN THE FEDERAL CIVIL SERVICE IN THE PAST 3 YEARS, GIVE: TITLE AND GRADE OF POSITION:		NAME AND ADDRESS OF AGENCY:	

PART V. - TO BE SIGNED BY ALL PERSONS CLAIMING 10-POINT VETERAN PREFERENCE.

I CERTIFY that all of the statements made in this claim are true, complete, and correct to the best of my knowledge and belief and are

made in good faith. SIGNATURE _____ **DATE** _____
(Signature of person claiming preference)

FOR USE BY APPOINTING OFFICER ONLY. PREFERENCE ENTITLEMENT VERIFIED?

☐ YES

SIGNATURE
AND TITLE:

AGENCY:

DATE:

HOW TO APPLY FOR VETERAN PREFERENCE

Veteran With Service-Connected Disability	Parts 1, 5	Proof A, B
Veteran Receiving Non-Service-Connected Pension or Retirement Benefit	Parts 1, 5	Proof A, D
Wife or Husband of a Veteran With Service-Connected Disability	Parts 1, 2, 4, 5	Proof A, C
Widow or Widower of a Deceased Veteran	Parts 1, 2, 5	Proof A or E
Mother of a Deceased Veteran	Parts 1, 3, 5	Proof A or E (and F in proper cases)
Mother of a Disabled Veteran	Parts 1, 3, 4, 5	Proof A, C (and F in proper cases)

PROOF REQUIRED - READ CAREFULLY

(Documents Submitted as Proof Will Be Returned)

A. EVERY PREFERENCE CLAIMANT must furnish proof of the veteran's honorable separation from a period of active duty with the Armed Forces that meets the requirements of the type of preferences claimed. (The Armed Forces include the Army, Navy, Air Force, Marine Corps, Coast Guard and, under some circumstances, certain personnel of the Coast and Geodetic Survey (ESSA) and the Public Health Service.) Any of the documents listed below may be submitted as proof provided they are dated on or after the day of separation from active service. Certified or photostatic copies are acceptable.

1. Honorable discharge certificate.
2. Certificate of transfer to Fleet Naval or Marine Corps Reserve.
3. Certificate of transfer to Enlisted Reserve Corps.
4. Orders of Transfer to Retired List.
5. Report of Separation from Service Department, Provided honorable separation is shown.
6. Certificate of Service or release from Active duty.
7. Official Statement from Service Department that honorable separation was effected.
8. Notation by Veterans Administration on official statement described in B 1 or 2 below that veteran was honorably separated from military service.
9. Notification by the Civil Service Commission of previous allowance of preference. (NOTE: Preference is allowable only if present service requirements are met.)
10. Notice of death as provided for in E below.
11. Properly authenticated statement furnished by the Military Personnel Records Center, General Services Administration, from official service records that honorable separation was effected.

B. VETERAN CLAIMING PREFERENCE BECAUSE OF SERVICE-CONNECTED DISABILITY must submit, in addition to proof of honorable separation, one of the documents listed below:

1. An official statement, dated within 6 months, from the Veterans Administration or from a Service Department, certifying to the present existence of the veteran's service-connected disability.
2. An official statement, dated within 6 months, from the Veterans Administration, certifying to the veteran's present receipt of compensation or service-connected disability retired pay.
3. An official statement, dated within 6 months, from a Service Department certifying to the veteran's present receipt of service-connected disability retired pay.
4. An official statement, dated within 6 months, from a Service Department certifying to the veteran's present receipt of service-connected disability retired pay for a disability of 10 percent or more.
5. An official citation or document, issued by a Service Department (or a discharge certificate) showing the award to the veteran of the Purple Heart for wounds or injuries received in action.

While the documents described in any one of the above

categories 1, 2, 3, 4, or 5 are sufficient to establish 10-point disability preference, the material specified in either 2 or 4 must be submitted in order to obtain the full benefits available to persons entitled to compensable disability preference.

C. WIFE, HUSBAND, OR MOTHER CLAIMING PREFERENCE ON BASIS OF SERVICE-CONNECTED DISABILITY OF HUSBAND, WIFE, SON, OR DAUGHTER must submit, in addition to proof of honorable discharge, one of the documents listed under B above. If the veteran is receiving retirement pay from the Armed Forces because of service-connected disability, the wife, husband, or mother also must submit an official statement showing nature and extent of the service-connected disability. Service Departments will furnish these statements to the veteran upon request.

NOTE: The wife, husband, or mother of a disabled veteran is eligible for preference only if the veteran is disqualified by reason of a service-connected disability for a position along the lines of the veteran's usual occupation. Mother preference is awarded only if the disability of the veteran son or daughter is rated permanent and total.

D. VETERAN CLAIMING PREFERENCE BECAUSE OF NON-SERVICE-CONNECTED DISABILITY PENSION OR RETIREMENT BENEFIT must submit, in addition to proof of honorable discharge, either:

1. An official statement from, or official notice of award of pension by, the Veterans Administration showing present payment to the veteran of non-service-connected disability pension; or
2. An official statement from, or official notice of award of disability retired pay by, a Service Department showing payment to the veteran of the pay.

E. WIDOW, WIDOWER, OR MOTHER OF A DECEASED VETERAN must submit if the death of the ex-service husband, wife, son, or daughter occurred under honorable conditions while serving on active duty, during any war, the official notice from the Service Department showing the date the husband, wife, son, or daughter died. If the active duty was not in a war, but was in a campaign for which a service medal was authorized, the official notification of the service medal must be submitted in addition to the official notice of death. (This proof consists of the official notification by the Service Department of the award of the Service Medal. If the official notification of the American Defense Service Medal for active duty between September 8, 1939, and December 8, 1941, is submitted, submit also the official notification of the award of service clasp or bronze star for service outside the continental United States. Do not submit the actual badge or medal.) A claim from a mother of a deceased veteran is considered only if the veteran's death occurred while serving on active duty during a war or a campaign or expedition for which a campaign badge or service medal was authorized.

F. DECEASED OR DISABLED VETERAN'S MOTHER CLAIMING PREFERENCE BECAUSE OF HER HUSBAND'S TOTAL AND PERMANENT DISABILITY must submit, in addition to the proof required under E or A and C above, a statement from her husband's physician showing prognosis of his disease and percentage of his disability.